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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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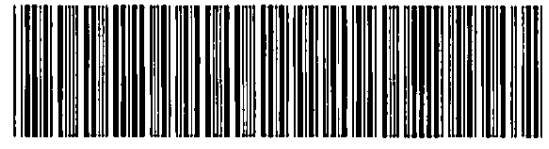
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
18 AUG -6 PM 2:15  
TALLAHASSEE, FLORIDA

8/7/18

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** SOLAR 365, INC.  
**(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00       \$78.75  
Filing Fee      Filing Fee  
                                 & Certificate of Status

\$78.75       \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                 & Certificate of  
                                 Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** Danny Bagbey  
Name (Printed or typed)

6115 Lake Lizzie Drive  
Address

St. Cloud, Florida 34771  
City, State & Zip

407-908-8290  
Daytime Telephone number

danbagbey@aol.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: SOLAR 365, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
6115 Lakel Lizzie Drive  
St. Cloud  
Florida 34771

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: any and all legal business

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Danny Bagbey President  
Address 6115 Lake Lizzie Drive  
St. Cloud  
Florida 34771

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 AUG -6 PM 2:15  
TALLAHASSEE, FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Danny Bagbey  
 Address: 6115 Lake Lizzie Drive  
St. Cloud, Florida 34771

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Danny Bagbey  
 Address: 6115 Lake Lizzie Drive  
St. Cloud, Florida 34771

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: August 1, 2018. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*

*Danny Bagbey*  
 Required Signature/Registered Agent

8-1-2018  
 18 AUG - 6 PM 2:15  
 STATE OF FLORIDA  
 DIVISION OF CORPORATIONS

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

*Danny Bagbey*  
 Required Signature/Incorporator